Veterans Health Care
June 2003

1: Am J Gastroenterol. 2003 Apr;98(4):901-6.
Mortality and follow-up colonoscopy after colorectal cancer.
Fisher DA, Jeffreys A, Grambow SC, Provenzale D.
OBJECTIVE: There have been no studies that demonstrate surveillance colonoscopy decreases mortality in patients with a history of colorectal cancer. The purpose of this study was to compare the mortality of patients with colorectal cancer who received at least one colonoscopy after their diagnosis with patients who had no further procedures after adjusting for age, race, chemotherapy, radiation therapy, and comorbidity using the national Veterans Affairs (VA) databases. METHODS: We studied a cohort of 3546 patients within the VA national databases with a new diagnosis of colorectal cancer during fiscal year 1995-1996. Patients with inflammatory bowel disease, metastatic disease at presentation, or who died within 1 yr of initial diagnosis were excluded. We collected data for demographics, comorbidities, colonoscopies, chemotherapy, and radiation therapy. The primary outcome was adjusted 5-yr mortality. RESULTS: In the adjusted analysis, the risk of death was decreased by 43% (hazard ratio = 0.57, 95% CI = 0.51-0.64) in the group who had at least one follow-up colonoscopy compared with patients who had no follow-up colonoscopies. CONCLUSIONS: This study strongly supports a mortality benefit for follow-up colonoscopy in patients with a history of nonmetastatic colorectal cancer.
PMID: 12738475

2: Am J Manag Care. 2003 May;9(5):353-8.
Lansoprazole overutilization: methods for step-down therapy.
Pohland CJ, Scavnicky SA, Lasky SS, Good CB.
OBJECTIVE: To identify the documented indications for long-term therapy with lansoprazole 30 mg twice daily at the Veterans Affairs Pittsburgh Healthcare System, assess compliance with appropriate use criteria, evaluate patients eligible for step-down therapy, and recommend appropriate step-down therapy in order to improve patient care, decrease overprescribing, and reduce medication costs. STUDY DESIGN: Prospective intervention. METHODS: The records of all patients with prescriptions for lansoprazole 30 mg twice daily as of June 2000 were reviewed. Patients were interviewed to assess medication compliance and symptom control and to provide education on lifestyle modifications. Interventions with the providers were completed to encourage step-down therapy in appropriate patients. RESULTS: Two hundred forty-eight patients with active prescriptions for twice-daily lansoprazole were reviewed. Of these patients, 66% (n = 163) did not have an indication compliant with the medical center's guidelines for use of lansoprazole 30 mg twice daily. Of these, 88% (n = 143)

had no documented attempt at step-down therapy and 49% (n = 80) had no documented gastrointestinal workup. Interventions for step-down therapy were recommended for 48% (n = 120) of the 248 patients. Forty-six percent (n = 60) of recommendations were accepted, resulting in a cost savings of dollars 85000 per year. CONCLUSIONS: A high rate of clinician noncompliance with the guidelines for appropriate use of lansoprazole 30 mg twice daily was found. These prescribing patterns resulted in significant cost concerns. Our review and interventions led to step-down therapy for almost half of the patients receiving twice-daily lansoprazole. This review of patient records and intervention with primary care providers resulted in cost reduction and offered an opportunity to educate patients on beneficial lifestyle modifications.
PMID: 12744297

3: Arch Gen Psychiatry. 2003 May;60(5):481-9.
Randomized trial of trauma-focused group therapy for posttraumatic stress disorder: results from a department of veterans affairs cooperative study.
Schnurr PP, Friedman MJ, Foy DW, Shea MT, Hsieh FY, Lavori PW, Glynn SM, Wattenberg M, Bernardy NC.
BACKGROUND: Department of Veterans Affairs Cooperative Study 420 is a randomized clinical trial of 2 methods of group psychotherapy for treating posttraumatic stress disorder (PTSD) in male Vietnam veterans. METHODS: Vietnam veterans (360 men) were randomly assigned to receive trauma-focused group psychotherapy or a present-centered comparison treatment that avoided trauma focus. Treatment was provided weekly to groups of 6 members for 30 weeks, followed by 5 monthly booster sessions. Severity of PTSD was the primary outcome. Additional measures were other psychiatric symptoms, functional status, quality of life, physical health, and service utilization. Follow-up assessments were conducted at the end of treatment (7 months) and at the end of the booster sessions (12 months); 325 individuals participated in 1 or both assessments. Additional follow-up for PTSD severity was performed in a subset of participants at 18 and 24 months. RESULTS: Although posttreatment assessments of PTSD severity and other measures were significantly improved from baseline, intention-to-treat analyses found no overall differences between therapy groups on any outcome. Analyses of data from participants who received an adequate dose of treatment suggested that trauma-focused group therapy reduced avoidance and numbing and, possibly, PTSD symptoms. Dropout from treatment was higher in trauma-focused group treatment. Average improvement was modest in both treatments, although approximately 40% of participants showed clinically significant change. CONCLUSIONS: This study did not find a treatment effect for trauma-focused group therapy. The difference between the effectiveness and adequate dose findings suggests the possible value of methods to enhance the delivery of cognitive-behavioral treatments in clinical practice settings.
PMID: 12742869

4: Arch Intern Med. 2003 Apr 28;163(8):922-8.
Disparities in use of lipid-lowering medications among people with type 2 diabetes mellitus.
Safford M, Eaton L, Hawley G, Brimacombe M, Rajan M, Li H, Pogach L.
BACKGROUND: People with diabetes are at high risk for cardiovascular events regardless of known heart disease. Physicians may underrecognize the excess cardiovascular risk conferred by diabetes alone, without a recent cardiovascular event. Other disparities in the receipt of lipid-lowering medications (LLMs) may exist. METHODS: We studied veterans with diabetes in fiscal years 1998 and 1999 cross-sectionally. We used administrative data (demographic information, International

Classification of Diseases, Ninth Revision [ICD-9] codes, utilization information, medications, and laboratory tests) to evaluate associations between use of LLMs and age, ethnicity, sex, marital status, Charlson Index, heart disease ICD-9 codes, oral agents and insulin, hospitalization status, and low-density lipoprotein cholesterol levels. We constructed separate logistic regression models to evaluate associations between low-density lipoprotein cholesterol and similar predictor variables. RESULTS: Odds ratios were similar in both years. For fiscal year 1999, patients without recent ICD-9 codes in their administrative data indicating heart disease were 0.35 times less likely to be given LLMs than those with such codes. Individuals older than 75 years were 0.65 times less likely to be given LLMs than those younger than 65 years. African Americans were 0.72 times less likely than whites to be given LLMs. In fiscal years 1999 and 1998, 27% and 36% of individuals given LLMs had low-density lipoprotein cholesterol levels higher than 130 mg/dL (3.37 mmol/L). CONCLUSIONS: Veterans with diabetes but no recently coded heart disease, older individuals, and African Americans could benefit from programs targeted to introduce LLMs. Up to one third of individuals given LLMs remained above the target level of 130 mg/dL for low-density lipoprotein cholesterol.
PMID: 12719201

5: Clin Cornerstone. 2003;5(1):37-44.
COPD in VA hospitals.
Roman J, Perez RL.
The Department of Veterans Affairs (VA) Health Care System is the largest integrated single-payer system in the United States. Its primary mission is to provide primary care, specialized care, and related medical and social support services to veterans. Much time and resources are expended on chronic obstructive pulmonary disease, known as COPD, at VA hospitals and clinics, thereby justifying the development of multifaceted strategies to address this problem. This article discusses the special problems of COPD in veterans who use VA facilities. The article also highlights the contributions of the VA to the research, training, and development of clinical practice guidelines for the management of this pervasive disease and presents the challenges that threaten its role in this area.
PMID: 12739310

6: Dig Dis Sci. 2003 Apr;48(4):815-20.
Risk factors for hepatitis C virus infection among patients receiving health care in a Department of Veterans Affairs hospital.
Mishra G, Sninsky C, Roswell R, Fitzwilliam S, Hyams KC.
A cross-sectional, seroepidemiological study was conducted to determine the prevalence and risk factors for hepatitis C virus (HCV) infection among veterans receiving health care from the VA. Among 274 evaluated outpatients, anti-HCV was found in 27 (9.9%). The prevalence of anti-HCV was 3.7% among 190 individuals who reported no illicit drug use compared to 24.7% among 81 subjects who had used drugs ($P < 0.001$). The prevalence of anti-HCV was 4.8% among 208 veterans who had never been incarcerated compared to 27.9% among 61 veterans who had been incarcerated ($P < 0.001$). A multivariate model found the following factors to be independently associated with anti-HCV; having used illicit drugs [odds ratio (OR) = 3.7, 95% CI 1.3-11.8; P = 0.001), having been incarcerated (OR = 4.4, 95% CI 1.7-10.9; P = 0.001), and a yearly income less than 10,000 US dollars (OR = 3.5, 95% CI 1.3-9.4; P = 0.002). Because HCV infection was most strongly associated with illicit drug use, incarceration, and low income, these risk factors should be utilized to develop screening strategies among VA patients.

PMID: 12741477

7: Health Aff (Millwood). 2003 May-Jun;22(3):149-58.
The impact of a national prescription drug formulary on prices, market share, and spending: lessons for Medicare?
Huskamp HA, Epstein AM, Blumenthal D.
Department of Health Care Policy, Harvard Medical School, USA.
Several recent bills in Congress to add a Medicare prescription drug benefit would allow the use of formularies to control costs. However, there is little empirical evidence of the impact of formularies among elderly and disabled populations. We assess the effect of a closed formulary implemented by the Veterans Health Administration (VHA) in 1997 on drug prices, market share, and drug spending. We find that the VHA National Formulary was effective at shifting prescribing behavior toward the selected drugs, achieving sizable price reductions from manufacturers, and greatly decreasing drug spending.
PMID: 12757279

8: J Gerontol B Psychol Sci Soc Sci. 2003 May;58(3):P153-65.
Modeling intraindividual change in personality traits: findings from the normative aging study.
Mroczek DK, Spiro A 3rd.
To advance an intraindividual life-span approach to the issue of stability and change, we studied personality trait trajectories in adulthood. Growth curves for extraversion and neuroticism were estimated for over 1600 men (initially aged 43-91) in the Normative Aging Study, who were followed over 12 years. We found significant individual differences in intraindividual change for both traits, as well as different trajectories for extraversion and neuroticism. The overall extraversion trajectory was best defined by a linear model, but neuroticism was characterized by quadratic decline with age. We then considered several variables as predictors of individual differences around these overall trajectories. Birth cohort, marriage or remarriage, death of spouse, and memory complaints were all significant predictors, explaining variability in both level and rate of personality trait change. These findings suggest that there is a good deal of variability in personality trajectories, and that some of this variability can be explained by birth cohort as well as by age-graded life events.
PMID: 12730308

9: Lancet. 2003 May 3;361(9368):1529.
US Veterans Administration research under spotlight.
McLellan F.
PMID: 12737873

10: Med Anthropol. 2003 Apr-Jun;22(2):175-204.
Gender schema and prostate cancer: veterans' cultural model of masculinity.
Stansbury JP, Mathewson-Chapman M, Grant KE.
Coming to terms with disease, chronic illness, and aging may be challenging for men who adhere to an inflexible gender schema. In this study of elder U.S. veterans' ideas about masculinity, we find that prostate cancer patients reaffirm a strongly moral normalizing discourse about "being a man" yet tend to separate roles and values from male physical and sexual attributes. Using systematic data collection methods taken from cognitive anthropology, we map veterans' schema of masculinity and examine the

relative importance that cancer patients and non-patients give to gender attributes. The results demonstrate the complementarity between cognitive and narrative approaches in medical anthropology. This research also suggests the hypotheses that (1) coming to terms with iatrogenesis may involve a subtle reformulation of masculinity and that (2) men with a fixed view of masculinity may have worse health outcomes than do those who accept the changes accompanying their treatment for prostate cancer.
PMID: 12745638

11: Med Care. 2003 May;41(5):669-80.
Measuring the quality of depression care in a large integrated health system.
Charbonneau A, Rosen AK, Ash AS, Owen RR, Kader B, Spiro A 3rd, Hankin C, Herz LR, Jo V Pugh M, Kazis L, Miller DR, Berlowitz DR.
BACKGROUND: Guideline-based depression process measures provide a powerful way to monitor depression care and target areas needing improvement. OBJECTIVES: To assess the adequacy of depression care in the Veterans Health Administration (VHA) using guideline-based process measures derived from administrative and centralized pharmacy records, and to identify patient and provider characteristics associated with adequate depression care. RESEARCH DESIGN: This is a cohort study of patients from 14 VHA hospitals in the Northeastern United States which relied on existing databases. Subject eligibility criteria: at least one depression diagnosis during 1999, neither schizophrenia nor bipolar disease, and at least one antidepressant prescribed in the VHA during the period of depression care profiling (June 1, 1999 through August 31, 1999). Depression care was evaluated wi th process measures defined from the 1997 VHA depression guidelines: antidepressant dosage and duration adequacy. We used multivariable regression to identify patient and provider characteristics predicting adequate care. SUBJECTS: There were 12,678 patients eligible for depression care profiling. RESULTS: Adequate dosage was identified in 90%; 45% of patients had adequate duration of antidepressants. Significant patient and provider characteristics predicting inadequate depression care were younger age (<65), black race, and treatment exclusively in primary care. CONCLUSIONS: Under-treatment of depression exists in the VHA, despite considerable mental health access and generous pharmacy benefits. Certain patient populations may be at higher risk for inadequate depression care. More work is needed to align current practice with best-practice guidelines and to identify optimal ways of using available data sources to monitor depression care quality.
PMID: 12719691

12: Womens Health Issues. 2003 Mar-Apr;13(2):50-4.
Availability of comprehensive women's health care through Department of Veterans Affairs Medical Center.
Washington DL, Caffrey C, Goldzweig C, Simon B, Yano EM.
Despite increased numbers of women veterans, little is known about health services delivery to women across the Department of Veterans Affairs (VA). To assess VA availability of women's health services, we surveyed the senior clinician at each VA site serving 400 or more women veterans. We found that virtually all sites have developed arrangements, either directly or through off-site contracts, to ensure availability of comprehensive women's health care. On-site care, however, is routinely available only for basic services. Future work should evaluate cost and quality trade-offs between using non-VA sites to increase specialized service availability and using VA sites to enhance continuity of care.
PMID: 12732440

13: Womens Health Issues. 2003 Mar-Apr;13(2):47-9.
Women's health care in the VA system: another "patchwork quilt".
McNeil M, Hayes P.
Pittsburgh VA Health Care System's National Clinical Center of Excellence in Women's Health, USA.
PMID: 12732439

14: Womens Health Issues. 2003 Mar-Apr;13(2):55-61.
The organization and delivery of women's health care in Department of Veterans Affairs Medical Center.
Yano EM, Washington DL, Goldzweig C, Caffrey C, Turner C.
Congressional eligibility reforms have profoundly changed the array of services to be made available to women veterans in Department of Veterans Affairs (VA) health care facilities. These include access not only to primary and specialty care services already afforded VA users, but also to a full spectrum of gender-specific services, including prenatal, obstetric, and infertility services never before provided in VA settings. The implications of this legislative mandate for delivering care to women veterans are poorly understood, as little or no information has been available about how care for women veterans is organized. This article reports on the first national assessment of variations in the organization of care for women veterans.
PMID: 12732441